ATT	ORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	FOR COURT USE ONLY
	EPHONE NO. (Optional): FAX NO. (Optional):	
	ALL ADDRESS (Optional):	
	TTORNEY FOR (Name):	
	PERIOR COURT OF CALIFORNIA, COUNTY OF	
1	REET ADDRESS:	
	ILING ADDRESS:	
CITY	/ AND ZIP CODE:	
	BRANCH NAME:	
	IILD'S NAME:	
		Attachments
A DI	DI ICATION FOR ORDER FOR REVOLUTRORIC MEDICATION - HIVENII E	CASE NUMBER:
API	PLICATION FOR ORDER FOR PSYCHOTROPIC MEDICATION—JUVENILE	
1.]	The child is a dependent ward of the court under Welfare and Instituti 602, and was removed from the custody of his or her parent or guardian on <i>(date)</i>	
2 (Child's date of birth: Child's weight:	
3.]	he child is currently placed in:	
L	relative's home foster home group home juvenile l	hall camp
Г	other (specify):	
4 4		Latter on Dankarting her Dhessiaine
4. <i>F</i>	Applicant is child's treating social worker on probation officer physician behalf of physician on behalf of	Letter or Declaration by Physician included as Attachment 4.
	physician	included as Attachment 4.
	. Name of treating physician.	
b	Address and phone number of treating physician:	
	Faralassa of absorbing	
C	1 7 1 7	
_	I. Medical specialty of physician:	
6	e. Board eligibility/certification:	
I	Date of evaluation of child:	
Ç	Location of evaluation:	
<i>-</i> /	unplicant requests the court to	
	Applicant requests the court to:	ihad in agation 0 halaw; or
a b		ibed in section 9 below, or
L	authorize (name and address):	
	who is the child's mother statutorily presumed father le	egal guardian as established by the
	Probate or Juvenile Court, to consent to the administration of the psychotropic n	
	The child's parent or legal guardian poses no danger to the child and has the ca	
	the medication(s) (describe bases for this statement):	paory to admone the daminionation of
	(-) (
	Conti	nued on Attachment 5.
6. T	The child has been diagnosed as suffering from the following mental disorder(s) (state D	SM–IV Diagnosis [Axes I to III]):
-	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Conti	nued on Attachment 6.
	Conta	

CI —	HILD'S NAME:	CASE NUMBER:
7.	The child's relevant psychiatric history is as follows (specify current behaviors likely to be	helped by psychotropic medication):
В.	Other treatment interventions in addition to the requested medication(s) are:	ued on Attachment 7. Other <i>(describe)</i> :
	The following psychotropic medication is recommended: a. Name (trade and generic): b. Category: c. Anticipated range of dosage: d. Anticipated treatment duration: e. Alternative medications in same category (specify name of drug): f. Anticipated benefits to the child (specify): Medication is approved for pediatric use.	
10.	The relevant medical and medication history of the child is as follows (specify all medical including prescription and nonprescription medications): a. The possible interaction with the recommended medications is as follows (specify all	See Attachment 10.
	 b. The administration of the requested psychotropic medications will require the following of medications (specify any discontinuations or changes in dosages): 	_
11.	Significant adverse reactions, warnings/contraindications, drug interactions, withdrawal s full effect for each recommended medication are attached as narrative. attached as document prepared by manufacturer or health care provider.	See Attachment 10b. ymptoms, and anticipated time lag before
12.	The child has been informed of this request, the medications that are recommended possible adverse reactions. The child's response was (describe):	ed, their anticipated benefits, and their
	Continued on Attachment 12 (Child's own written atatement may be included)	
	Continued on Attachment 12. (Child's own written statement may be included.)	

C⊦ —	IILD'S NAME:	CASE NUMBER:	
13.	 a. The child's mother statutorily presumed father legal guardian has been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions. b No parent or guardian has been informed because (state reasons): 		
	c. The response of the parent or guardian was as follows:		
	d. A parent or legal guardian has not received notice because their whereabouts	continued on Attachment 13c. are unknown.	
14.	b The father's attorney does not oppose opposes the applications.	ation and requests a hearing. ation and requests a hearing. ation and requests a hearing.	
15.	5. The child's present caregiver has been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions. The response of the caregiver was as follows:		
16.	A psychiatrist has reviewed this application. The psychiatrist agrees.	Continued on Attachment 15.	
	The psychiatrist does not agree.		
17.	(Signature of psychiatrist) Other professionals who were informed and consulted (state names and professionals)	onal relationship to the case):	
18. Date	Other information or comments:	Continued on Attachment 18.	
	•		
	(TYPE OR PRINT NAME)	(SIGNATURE OF APPLICANT)	

CHILD'S NAME:	CASE NUMBER:			
ORDER				
The matter is set for hearing within 5 court days on (date) The clerk is to notice all parties and counsel. The application for authorization to administer psychotropic medications is: Granted as requested Denied Granted, with the following modifications or conditions:	at (time):			
The court finds that the parent poses no danger to the child and has the capacity psychotropic medications, and the request for such authority is granted As requested With the following modifications or conditions:	y to authorize the administration of			
This order for authorization is effective until terminated or modified by court order or until 180 days from this order, whichever is earlier. If the physician named above is no longer treating the child, the authorization may extend to physicians who subsequently treat the child. If a new treating physician proposes an increase in the dosage or a change in or the addition of other medications, a new application must be submitted.				
Date:				
(TYPE OR PRINT NAME)	JUVENILE COURT JUDICIAL OFFICER)			